Internal Revenue Service

## **IRS** e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

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Taxpayer's name	Social security number
NITHESH BANDI	360-13-5423
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
<b>1</b> Adjusted gross income	<b>1</b> 75,427.
<b>2</b> Total tax	<b>2</b> 8,854.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 6,581.
4 Amount you want refunded to you	4
5 Amount you owe	<b>5</b> 2,344.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpaye	er's PIN: che	eck one box only					3 5 4 2 3	
X	I authorize	GLOBAL TAXES	LLC	to enter o	r generate	my PIN		as my
			ERO firm name		-	-	Enter five digits, but don't enter all zeros	
	signature or	the income tax ret	urn (original or amended) I ai	m now authorizing.				
			ture on the income tax return N <b>and</b> your return is filed us					
Your sig	nature 🕨	Fran			Date 🕨	04/14	4/2024	
Spouse'		k one box only			_			
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Part III	Certific	ation and Auther	ntication – Practitioner	PIN Method On	ly			
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authorize	d to file for ta	x year indicated abov	PIN, which is my signature for the fort of the faxpayer(s) indicated and <b>Pub. 1345.</b> Handbook for A	above. I confirm that	t I am subm	nitting this	return in accordance	ce with the

ERO's signature 🕨	Date 🕨							
ERO Must Retain This Form — See Instructions								
	Don't Submit This Form to the IRS Unless Requested To Do So							

Deduction for Sa Persions and annulues	<b>1040</b>	· ·	artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> )		turn	202	3	OMB No. 154	5-0074	IRS Use Onl	y—Do not w	vrite or staple in	this space.
INTHESH         EAND I         360         13         5423           If print return, spoce's first name and middle initial         Last name         743         1461         500 Les 201         500 Les 2	For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate instru	uctions.
If joint return, spoces's first name and middle initial       Last name       Spoces's cold is equity number         I 3911       RUSSBLL ST       12.6       Predidential Election Campaign         (1) 1911       RUSSBLL ST       12.6       Other Kines, spoces's filter, involuence       12.6         (1) 1911       RUSSBLL ST       12.6       Other Kines, spoces's filter, involuence       12.6         (1) torn, or post office. If you have a forsign address, also complete spaces below.       State       2P code       tog to the kin, down and the spoces's filter, involuence         Filing Status       Single       Image filter, involuence       Freegn country name	Your first name	and m	iddle initial	Last r	name						Your so	cial security	number
If joint return, spoces's first name and middle initial       Last name       Spoces's cold is equity number         I 3911       RUSSBLL ST       12.6       Predidential Election Campaign         (1) 1911       RUSSBLL ST       12.6       Other Kines, spoces's filter, involuence       12.6         (1) 1911       RUSSBLL ST       12.6       Other Kines, spoces's filter, involuence       12.6         (1) torn, or post office. If you have a forsign address, also complete spaces below.       State       2P code       tog to the kin, down and the spoces's filter, involuence         Filing Status       Single       Image filter, involuence       Freegn country name	NITHESH			BAN	IDI						360	13 54	23
Intern address frumter and steret, If you have a P.O. box, see instructions.         Ad. m.         Ad. m.         Presidential Election Campaign Sign. town, or pool office. If you have a foreign address, also complete spaces below.		pouse's	s first name and middle initial									· · ·	
Intern address frumter and steret, If you have a P.O. box, see instructions.         Ad. m.         Ad. m.         Presidential Election Campaign Sign. town, or pool office. If you have a foreign address, also complete spaces below.											749	46 90	68
City, som, or poel office. If you have a foreign address, also complete spaces below:       State       2/P code       spouse of filling () infty, went 35         OVERLAND       PARK       66/223       box below will not change over the program of the pro	Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	Apt. no.			
City, con, or pote office. If you have a foreign address, also complete spaces below.       Istale       CVERLAND       Spouse if filling jointly, wont 35         CVERLAND, PARK       Foreign control.       Foreign control.       Foreign control.       Spouse if filling jointly, wont 35         Filling Status       Single       Individual interest in a diplation of household (HOH)       Image of household (HOH)         Check only       Married filling jointly (wen if only one had income)       Image of household (HOH)       Image of household (HOH)         Check only       Married filling jointly (wen if only one had income)       Image of household (HOH)       Image of household (HOH)         Check only       Married filling jointly (wen if and income)       Image of household (HOH)       Image of household (HOH)         Spouse filling Jointly (wen if and income)       Image of household (HOH)       Image of household (HOH)         Spouse filling Jointly (wen if and income)       Image of household (HOH)       Image of household (HOH)         Spouse filling Jointly (wen if and income)       Image of household (HOH)       Image of household (HOH)         Spouse filling Jointly (wen if and asset) or a filling lasset) or any meme for poperty or services; or (b) sell, exchange, or otherwise dispose of a digital asset) or a filling lasset) or any meme for poperty on reservices; or (b) sell, exchange, or otherwise dispose of a digital asset) or a filling lasset) or any meme for bore dinuuting lasset or any meme for bore dinuuting lasse	13911 RI	JSSE	LL ST						1	26	Check	here if you, c	or your
OVERLAND         PARK         KS         66223         box below will not change province/state/county         Foreign province/state/county         Foreign patk to obvert av crefund.           Filing Status         Single         Preving province/state/county         Preving patk to obvert av crefund.         You         Specuse           Filing Status         Single         Qualifying surviving spouse. (QSS)         Prevince/state/QHCH)         Qualifying surviving spouse. (QSS)           Hyou checked the MFS box, enter the name of your spouse. If you checked the HCH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:         DIVYA_SHRI_KARANAM           Digital         At any time during 2023, did you: (a) receive (as a reward, ward, or payment for property or services); or (b) sell.         Assets           Assets         Someone can claim:         You spouse as a dependent         DIVYA_SHRI_KARANAM           Deduction         Spouse itemizes on a separate return or you were a dual-status allen         Acge/Bindness         Yes         No           Assets         Someone can claim:         You as a dependent         Prove bind         Spouse         Yes         No           Dependents, see instructions):         (1) First name         Last name         Prove bind         Spouse         Yes         No           If more         1a         Total amount from Form(s) W-2,			-	mplete	spaces be	low.	Sta	te	1	-			
Foreign province/state/county       Foreign pastal code       your tax or rolund.         Filing Status       Single       Image: Construction of the second seco	OVERLANI	D PAI	RK				KS	5	662	23			0
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:       Digital         Assets       An writer during 2023, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       You as a dependent:       Your spouse as a dependent:       Yes       No         Status       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (i) First name       Last name       (i) Social security       (i) Relationship       (ii) Child tarcer dependent         In core dependents, see instructions):       iii a total amount from Form(s) W-2, box 1 (see instructions)       iii a total amount from Form(s) W-2, box 1 (see instructions)       iii a total amount form Form Sort(s) W-2, box 1 (see instructions)       iii a total amount form Form Sort(s) W-2, box 1 (see instructions)       iii a total amount form Form Sort(s) W-2, box 1 (see instructions)       iii a total for dependent for thea tota waiver payments tor reported on Form(s) W-2, (	Foreign country	y name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code			hango
Check only one box.       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:       DIYYA_SHRI_KARANAM         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise disposed or a dipidal asset (or a financial interest in a dipidal asset)? (See instructions)       Ves       Ves       No         Standard Deduction       Someone can claim:       Vou as a dependent       Your spouse as a dependent       Your spouse as a dependent       Your spouse instructions):       Ves       No         Age/Blindness You:       Ware bom before January 2, 1959       Are blind       Spouse:       Polexic the box if qualifies for (see instructions);         If more there       (1) First name       Last name       Pol Social security       (9) Abationship       (4) Check the box if qualifies for (see instructions);         If more there in the value of the promesion reported on Form(s)       Wes born before during (W-2, box 1 (see instructions))       1a       88, 650.         Informed to the dependent care benefits from Form 8439, line 26       1b       1d       1d         Ves 1 tese more way with the dependent care benefits from Form 8439, line 29       1f       1d       28, 650.												You	Spouse
Check only one box.       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         Married filing jointly (even if only one define the the the the the the the the the th	Filing Status	s 🗆	Single					Head of h	ouseh	old (HOH)			
one box.       Xi Married filing separately (MFS)	-		-	ne hao	d income)								
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: DUVYA SHEIL KARANIAM         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Image: Comparison of the comp		X	Married filing separately (MFS)					Qualifying	g surviv	ing spouse	(QSS)		
Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       X no         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (a) First name       Last name       number       (a) Relationship       (b) Relationship       (c) Relationshi		lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HO	H or Q	SS box, ent	er the ch	ild's name i	f the
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       X No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (a) First name       Last name       (a) Social security       (b) First name       Credit for other dependent         informer       (1) First name       Last name       (a) Social security       (b) First are class       (c) Credit for other dependent         informer       (1) First name       Last name       (a) Social security       (b) First are class       (c) Credit for other dependent         informer       (1) First name       Last name       (c) Social security       (c) First are class       (c) Credit for other dependent         informer       (1) First name       Last name       (c) Social security       (c) First are class       (c) Credit for other dependent         informer       1       Total amount from Form(s) W-2, box 1 (see instructions)       1a       88, 650.         Interest       -       Total amount from Form(s) W-2, box 1 (see instructions)       1c       1a		qu	alifying person is a child but not you	ır dep	endent: I	DIVYA SHF	RII	KARANAM					
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       X No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (a) First name       Last name       (a) Social security       (b) First name       Credit for other dependent         informer       (1) First name       Last name       (a) Social security       (b) First are class       (c) Credit for other dependent         informer       (1) First name       Last name       (a) Social security       (b) First are class       (c) Credit for other dependent         informer       (1) First name       Last name       (c) Social security       (c) First are class       (c) Credit for other dependent         informer       (1) First name       Last name       (c) Social security       (c) First are class       (c) Credit for other dependent         informer       1       Total amount from Form(s) W-2, box 1 (see instructions)       1a       88, 650.         Interest       -       Total amount from Form(s) W-2, box 1 (see instructions)       1c       1a	Divital	At 21	av time during 2022, did you: (a) rea			d award or	novr	nont for prop	ortu or	convisors): o	r (b) coll		
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Was born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Age/Blindness       You:       Was born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (g) Social accurity       (g) Relationship       (d) Check the box if qualifies for (see instructions)         If more       I.ast name       number       (g) Social accurity       (g) Relationship       (d) Check the box if qualifies for (see instructions)         Income       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       88, 650.         Itach Form(s)       b       Household employee wages not reported on Form(s) W-2 (see instructions)       Ia       88, 650.         If gou did not gait a form form 8919, line 14 (see instructions)       Ia       88, 650.       Ia         V2: age a form form 8919, line 6       Ia       Vas are more income (see instructions)       Ia       88, 650.         Standard Deduction form 533.360       Fanable interest       Ia       88, 650.       Ia       88, 650.         V2: age a form form 8919, line 6       Ia <td></td> <td>Yes</td> <td>XNo</td>												Yes	XNo
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (1) First name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions)         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions)         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for Gee instructions)         If a Total amount from Form(S) W-2, box 1 (see instructions)       1       1       1       1         Net 2 here, Also       tip income not reported on Form(S) W-2, box 1 (see instructions)       1       1       1         V:2 here, Also       tip income not reported on Form(S) W-2, box 1 (see instructions)       1       1       1         was withinkel.       f       Employer-provided adoption benefits from Form 8839, line 29       1       1         If you did not get a form       was withinkel.       f       Inf       0.       1         get a form       W-2, see       instructions)       1 </td <td></td>													
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more than four       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         dependents, see instructions		_		•									
Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions); Child tax credit       Credit for other dependents to you         If more than four dependents, see instructions       1 <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>					_								
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Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       88, 650.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b       1c         W-2 here. Also       c       Tip income not reported on line 1a (see instructions)       1c       1d         W-2 G and       0       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         W-2 G and       1       Taxable dependent care benefits from Form 2441, line 26       1e       1d         Wages from Form 8919, line 6       1g       1g       1g       1d       0.         W-2, see       h       Other earned income (see instructions)       1i       1       0.       1h       0.         wages from Form 8919, line 6       .       .       .       1g       1d       1h       0.         W-2, see       i       Nottaxable combat pay election (see instructions)       .       1t       1d       0.       1h       0.         Attach Sch. B       2a       Tax-exempt interest       .       2a       b       Drdinary dividends       3b       3b       1b       5b       5b       5b       5b       5b       5b       5b       5b       5b		ı —										L	<u>]</u> 7
Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         w2-2 iner. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         w2-2 iner. Also attach Forms       d       Medicaid waiver payments not reported on Form 809. W-2 (see instructions)       1d         w2-2 iner. Also attach Forms       f       Employer-provided adoption benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8399, line 29       1f         if you did not get a Form W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Z       Add lines 1a through 1h       1z       88 , 650.         Z       a       Qualified dividends       3a         Hard Effering in frequired.       3a       b       Ordinary dividends       3b         Standard Deduction forf- eingle or Married filing separately.       Sa       b       Taxable amount       4b         Standard Deduction forf       G       Social security benefits       G       G       G         Standard Divel or Married filing separately.       G       If you elect to use the lump-s		] 	Total amount from Form(a) M( 0, b)	av 1 (a		ationa)					1.		<u> </u>
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         W*2 here, Also       C       Tip income not reported on Form(s) W-2 (see instructions)       1d         W*2 here, Also       C       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W*2 here, Also       C       Taxable dependent care benefits from Form 2441, line 26       1e         Wages from Form 8919, line 6       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form W.2, see       Nontaxable combat pay election (see instructions)       1h       0.         W-2, see       Nontaxable combat pay election (see instructions)       1i       2       88, 650.         Ztach Sch. B       Za       Tax-exempt interest       2a       b       Drdinary dividends       3b         Standard       Ga       Qualified dividends       3a       b       Taxable amount       4b         Standard       Fa Pensions and annuities       5a       b       Taxable amount       6b         Maried filing pointly, standard       C       If you elect to use the lump-sum election method, check here (see instructions)       7       249.         Standard       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       75, 427.      <	Income			•		,							5,030.
attach Forms W-26 and 1099-R if tax       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tax       Taxable dependent care benefits from Form 2441, line 26       1e         vas withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form W-2, see       g       Wages from Form 8919, line 6       1g         instructions.       i       Other earned income (see instructions)       1i       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       0.         Add lines 1a through 1h       .       .       1a       88, 650.         Za       Add lines 1a through 1h       .       .       2b       2b         Attach Sch. B       Tax-exempt interest       .       1a       b       Dratavable amount       4b         Standard       B       Qualified dividends       .       5a       b       b       Taxable amount       4b         Standard       B       Pensions and annuities       .       5a       b       Taxable amount       .       6b         Standard       G       If you elect to use the lump-sum election method, check here (see instructions)       .       .       7	• • •												
W-2c and 1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 2839, line 29       1f         If you did not get a form W-2, see       g       Wages from Form 8919, line 6       1g         If you did not get a form W-2, see       h       Other earned income (see instructions)       1h       0.         If required.       Nontaxable combat pay election (see instructions)       1i       1z       883, 650.         Z       Add lines 1a through 1h       1       2a       b       b Taxable interest       2b         Attach Sch. B       if required.       a       Qualified dividends       3a       b       Dordnary dividends       3b         Attach Sch. B       tax-exempt interest       4a       b       Dataxable amount       4b         Standard       Deduction for-       6a       Social security benefits       6a       b       Taxable amount       4b         Married filing joint or coulifying surving spouse, str27.00       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       249.         Harid filing joint or coulifying surving spouse, str27.00       Add lines 1z, zb, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10 <td< td=""><td></td><td></td><td></td><td>•</td><td></td><td>,</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>				•		,							
was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form W-2, see       g       Wages from Form 8919, line 6       1g         Model       Wages from Form 8919, line 6       1f         Nontaxable combat pay election (see instructions)       1i         Add lines 1a through 1h       1a         Attach Sch. B       a       Add lines 1a through 1h         Attach Sch. B       a       Qualified dividends       2a         Attach Sch. B       a       Qualified dividends       3a         Bandard       b       Tax-exempt interest       2b         Bandard       b       Taxable amount       4b         Standard       5a       b       Taxable amount       4b         Standard       5a       5a       b       Taxable amount       5b         Geduction for- Bargearately, separately, S13,850       f       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       24.9.         8       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       75, 427.       9         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       75, 427.       13, 472. <t< td=""><td>W-2G and</td><td></td><td></td><td></td><td></td><td>, ,</td><td></td><td></td><td>• •</td><td></td><td></td><td></td><td></td></t<>	W-2G and					, ,			• •				
If you did not g   Wages from Form 8919, line 6   W2, see   instructions.   i   Nontaxable combat pay election (see instructions)   istructions.   i   Nontaxable combat pay election (see instructions)   i   istructions.   i   Nontaxable combat pay election (see instructions)   i   istructions.   i   Nontaxable combat pay election (see instructions)   i   istructions.   i   Nontaxable combat pay election (see instructions)   i   istructions.   i   Nontaxable combat pay election (see instructions)   i    i   i   i   i   i   i    i   i   i   i   i    i   i   i   i   i   i   i   i   i   i   i   i   i   i   i   i    i <t< td=""><td></td><td>f</td><td>•</td><td></td><td></td><td colspan="4"></td><td></td><td></td><td></td><td></td></t<>		f	•										
get a Form       h       Other earned income (see instructions)       1       0         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1i         attach Sch. B       2a       Tax-exempt interest       2b         Attach Sch. B       2a       Tax-exempt interest       2b         attach Sch. B       2a       Qualified dividends       3a       b       Ordinary dividends       3b         Attach Sch. B       2a       Tax-exempt interest       2a       3a       b       Ordinary dividends       3b         Standard       Qualified dividends       3a       b       Taxable amount       4b       4b         Standard       Pensions and annuities       5a       b       Taxable amount       5b       6b         Scial security benefits       6a       b       Taxable amount       7       249         Single or       Ga       Social security benefits       6a       b       Taxable amount       7       249         Maried filing jointy or       C       If you elect to use the lump-sum election method, check here (see instructions)       7       249       3       -13, 472         Maried filing jointy or       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total		י ת											
VV-2, see       Ii         instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Add lines 1 a through 1h       2b         Attach Sch. B       2a       Tax-exempt interest       2b         3a       b       Ordinary dividends       3b         4a       b       Ordinary dividends       3b         Standard       9       Pensions and annuities       5a         b       Taxable amount       5b         Standard       9       Pensions and annuities       5a         Separately, strately, strated filing separately, strated filing separately, strated filing jointy or       6a       b         1       You elect to use the lump-sum election method, check here (see instructions)       1       7         24.18       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       75, 427.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       75, 427.         9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       75, 427.         10       11       75, 427.       12       13, 850.         14       Add lines 12 and 13       13	get a Form	9 h										·	0.
z       Add lines 1 a through 1h       12       88,650.         Attach Sch. B       2a       Tax-exempt interest       2b         if required.       3a       Qualified dividends       3a       b         Standard       Qualified dividends       4a       b       Taxable interest       3b         Standard       Deduction for-       6a       b       Taxable amount       4b         Standard       Deduction for-       6a       b       Taxable amount       5b         Single or       Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       c       7       249.         Married filing jointly or       Qualifying surviving spouse, \$27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       249.         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       75, 427.         12       13, 850.       13       Gualified business income deduction from Schedule A)       12       13, 850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13, 850.	,				structions				; . ; .				
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest        2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6b       Social security benefits       6a       b       Taxable amount       7         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       249.         8       -113, 472.       9       75, 427.       10         9       75, 427.       10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       75, 427.         9       75, 427.       10       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       75, 427.         9       75, 427.       10       11       75, 427. <td< td=""><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td>· · ·</td><td></td><td></td><td>. 1z</td><td>8</td><td>8,650.</td></td<>		-						· · ·			. 1z	8	8,650.
if required. 3a Qualified dividends 3a b Ordinary dividends 3b   4a IRA distributions 4a b Taxable amount 4b   5a Pensions and annuities 5a b Taxable amount 4b   5a Pensions and annuities 5a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 5b   6a If you elect to use the lump-sum election method, check here (see instructions) 10 6b   Married filing jointly or Qualifying 8 Additional income from Schedule 1, line 10 10 7   9 75,427. 9 75,427. 9 75,427.   10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 75,427.   11 Subtract line 10 from line 9. This is your adjusted gross income 11 75,427.   12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13   14 13,850. 14 13,850. 14	Attach Sch B		J J	2a			b Т	axable interes	st .				
4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for- Observed filing separately, \$13,850       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       249.         8       Additional income from Schedule 1, line 10       7       249.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       75, 427.         9       Adjustments to income from Schedule 1, line 26       10       11       75, 427.         10       Standard deduction or itemized deductions (from Schedule A)       11       75, 427.         12       Standard deduction or itemized deduction (from Schedule A)       12       13, 850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13, 850.			· · –	-									
Standard Deduction for-       5a       5a       b       Taxable amount       5a       5b         • Single or Married filing separately, \$13,850       6a       Social security benefits       6a       b       Taxable amount       6b         • Married filing separately, \$13,850       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       r       7       249.         • Married filing jointly or Qualifying surviving spouse, \$27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       75, 427.       9         • Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       75, 427.       10         • Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13, 850.         • If you checked any box under Standard Deduction, the standard deduction from Form 8995 or Form 8995-A       13       14       13, 850.				-				•					
Single or Married filing separately, \$13,850       6a       Social security benefits       6a       b       Taxable amount       6b         Y       Capital gain or (loss). Attach Schedule D if required. If not required, check here       Y       7       249.         Married filing jointy or Qualifying surviving spouse, \$27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       Y       249.         Married filing jointy or Qualifying surviving spouse, \$27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       Y       9       75, 427.         10       Interview       11       75, 427.       10         Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       11       75, 427.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13, 850.	Standard	5a		5a							. 5b	,	
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .	Single or	6a	Social security benefits	6a			bТ	axable amour	nt		. 6b		
\$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       249.         Married filing jointly or Qualifying surviving spouse, \$27,700       8       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -13,472.         9       75,427.       9       75,427.       10         • Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       10         • If you checked any box under Standard Deduction, .       13       Qualified business income deduction from Form 8995 or Form 8995-A       12       13,850.         14       Add lines 12 and 13       14       13,850.       14       13,850.	Married filing	с	•	lectior	n method,	check here	(see	instructions)					
jointy or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-13, 472.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income975, 427.975, 427.10Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income1112Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413, 850.	\$13,850	7	Capital gain or (loss). Attach Sche	dule D	) if require	d. If not requ	ired	, check here			7		249.
Qualifying surving spouse, \$27,700975,427.10Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income10Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1012Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 1314	jointly or	8	Additional income from Schedule	1, line	10						. 8	-1	3,472.
\$27,700       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, 520,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       75,427.         • If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       12       13,850.         • Head of household, 520,800       14       Add lines 12 and 13       14       13,850.	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	3. This is y	our total inc	omo	e			. 9	7	5,427.
household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11175,427.\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A131413,850.1413,850.	\$27,700	10	Adjustments to income from Sche	dule 1	, line 26						. 10		
\$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         Add lines 12 and 13       13       14       13,850.       14	household,	11	Subtract line 10 from line 9. This is	s your	adjusted	gross incon	ne				. 11	7	5,427.
any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.		12	Standard deduction or itemized	deduo	ctions (fro	m Schedule	A)				. 12		
Deduction, 14 Add lines 12 and 13	any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A			. 13		
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 61, 577.	Deduction,	14	Add lines 12 and 13								. 14	1	3,850.
	see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	ourt	taxable incor	ne.		. 15	6	1,577.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2023)

Form 1040 (2023	5)							Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌	[ 1	<b>16</b> 8,854.
Credits	17	Amount from Schedule 2, lin	юЗ				1	17
	18	Add lines 16 and 17					1	8,854.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	19
	20	Amount from Schedule 3, lin	ie8				2	20
	21	Add lines 19 and 20					2	21
	22	Subtract line 21 from line 18	. If zero or less,	enter -0-			2	8,854.
	23	Other taxes, including self-er					2	23 0.
	24	Add lines 22 and 23. This is					2	24 8,854.
Payments	25	Federal income tax withheld						
,	а	Form(s) W-2				<b>25a</b> 6	,581.	
	b	Form(s) 1099				25b	·	
	с	Other forms (see instructions				25c		
	d	Add lines 25a through 25c	,				2	5d 6,581.
K	26	2023 estimated tax payment						26
If you have a ⊥ qualifying child,	27	Earned income credit (EIC)				27		
attach Sch. EIC.	28	Additional child tax credit from				28		
	29	American opportunity credit				29		
	30	Reserved for future use .		-		30		
	31	Amount from Schedule 3, lin				31	_	
	32	Add lines 27, 28, 29, and 31.					3	32
	33	Add lines 25d, 26, and 32. T		-	-			<b>33</b> 6,581.
Refund	34	If line 33 is more than line 24						33 070011 34
Refund	34 35a	Amount of line 34 you want i				, ,		5a
Direct deposit?	зба b	Routing number X X X		1.    FUIIII 6666   x   x			Savings	Ja
See instructions.	b b	Account number X X X	Savings					
	36	Amount of line 34 you want a						
A						36	-	
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go		-				2,344.
Tou Owe	38		-	-		1 1	_	2,344.
		Estimated tax penalty (see in	,			38	71.	
Third Party		you want to allow another	•				omplete belo	ow. 🗙 No
Designee		signee's		Phone			onal identificat	
	nar			no.			ber (PIN)	
Sign		der penalties of perjury, I declare th			1 7 0		,	, 0
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (other	r than taxpayer) is b	ased on all information	on of which pre	parer has any knowledge.
nere	Yo	ur signature		Date	Your occupation			S sent you an Identity
							Protectic (see inst.	on PIN, enter it here
Joint return? See instructions.		augele eigeneture. If a joint return 1	Data	SOFTWARE		`		
Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	<b>Jotn</b> must sign.	Date	Spouse's occupat	lion		S sent your spouse an Protection PIN, enter it her
your records.						(see inst.		
	Ph	one no. (330) 794-321	5	Email address	NITHESHBANDI	1993@GMAIL.CO	)M	
		parer's name	Preparer's signat			Date	PTIN	Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/14/2024	P0208270	3 Self-employed
Preparer		m's name GLOBAL TAX						o. (678)965-9522
Use Only		m's address 245 ROONE		NGWICK N	т 00016			
	Firi			TNOWICH IN	J 08816		Firm's El	IN 84-3171965

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number NITHESH BANDI 360-13-5423

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-13,472.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<u>8a (</u>	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j	_	
k	Stock options	8k	_	
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	_	
m	Olympic and Paralympic medals and USOC prize money (see	-		
	,	<u>8m</u>	_	
n	Section 951(a) inclusion (see instructions)	8n	_	
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	<u>8s (</u>	<u> </u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	<u>8u</u>	-	
Z	Other income. List type and amount:	0-		
•	Tatal athening and Add lines On through On	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter 1040, 1040-SR, or 1040-NR, line 8		10	-13,472.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			e 1 (Form 1040) 2023

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses      24d		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	-	
g	Contributions by certain chaplains to section 403(b) plans 24g	_	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
i	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect		
	tax law violations	-	
j	Housing deduction from Form 2555	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	-	
Z	Other adjustments. List type and amount:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	<b>BAA</b> REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

#### SCHEDULE D (Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

Attachment Sequence No. **12** 

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Your social security number 360-13-5423

NITHESH BANDI

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines	nstructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	<b>(e)</b> Cost	<b>(g)</b> Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, columr		combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	2,749.	2,500.			249.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	usts from	5			
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	6	( )			
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	249.		

### Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11 12	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	14	( )			
15	Net long-term capital gain or (loss). Combine lines 8a on the back				15	

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Part	III Summary	· · · ·
16	Combine lines 7 and 15 and enter the result	<b>16</b> 249.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 <b>both</b> gains?	
	X No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 ( )
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
		Sabadula D (Earm 1040) 2023

BAA REV 03/07/24 PRO Schedule D (Form 1040) 2023

Form **8949** 

# Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

NITHESH BANDI

360-13-5423

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	2,749.	2,500.			249.
<b>2 Totals.</b> Add the amounts in column	ns (d), (e), (g), and	d (h) (subtract					
negative amounts). Enter each to Schedule D, <b>line 1b</b> (if <b>Box A</b> abov above is checked), or <b>line 3</b> (if <b>Box</b>	tal here and inc re is checked), <b>lir</b>	lude on your ne 2 (if Box B	2,749.	2,500.			249.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

SCHEDULE E (Form 1040)	(From rei
Department of the Treasury Internal Revenue Service	
Name(s) shown on return	
NITUUECU DANDT	

### **Supplemental Income and Loss**

OMB No. 1545-0074

Your social security number

ntal real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.

2023
Attachment Sequence No. <b>13</b>

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	HESH BANDI						360-1	3-5423		
Par										
	Note: If you are in the business of renting personal proper	rty, use	e Schedule	e <b>C</b> . See	instru	ctions. If you a	are an indi <sup>,</sup>	vidual, rep	ort farm	
	rental income or loss from Form 4835 on page 2, line 40.		<b>F</b> () (	10000 0						
	Did you make any payments in 2023 that would require you									
В	If "Yes," did you or will you file required Form(s) 1099? .				• •			. <u> </u>	es 🗌 No	
1a	Physical address of each property (street, city, state, ZIP code)									
Α	5-359/2, DEEPTHISRI NAGAR MADINAGUDA, HYDERABAD TELANGANA IN 500049									
В										
С										
1b	Type of Property 2 For each rental real estate prope	ental real estate property liste		Fair Renta		ir Rental	Personal Use			
	(from list below) above, report the number of fair rental			al and		Days	Days		QJV	
Α	3 personal use days. Check the Q			nly A		365	0			
В	if you meet the requirements to			В						
С	qualified joint venture. See instru	JCTIONS	5.	С						
Туре	of Property:			1						
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land	b	7	Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
			-							
				•		Propert	les:		0	
Incor		•		<b>A</b>	43.	В			С	
3 4		3		6	43.					
	Royalties received	4								
-	nses:	-								
5 6	Advertising	5								
0 7	Cleaning and maintenance	7		2,4	50					
8		8		Z,4	50.					
9		<u> </u>								
9 10	Legal and other professional fees	10								
11	Management fees	11		2,3	10					
12	Mortgage interest paid to banks, etc. (see instructions)	12		Z <b>,</b> J	10.					
13	Other interest	13								
14		14		2 8	97.					
15		15		1,7						
16		16		±, /	11.					
17		17		2,4	65					
18	Depreciation expense or depletion	18		2,2						
19	Other (list)	19		-12	/ ± •					
20	Total expenses. Add lines 5 through 19	20		14,1	15.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			/-	•					
	result is a (loss), see instructions to find out if you must									
	file <b>Form 6198</b>	21		-13,4	72.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(	13,47	2.)	(	)	(	)	
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		643.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
с	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d	2	2,271.			
е	Total of all amounts reported on line 20 for all properties				23e		1,115.			
24	Income. Add positive amounts shown on line 21. Do no		de any lo	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estat				nter to	tal losses hei	re <b>25</b>	(	13,472.)	
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	24 and	25. E	inter the resi	ult			
	here. If Parts II, III, and IV, and line 40 on page 2 do no	ot appl	ly to you,	, also e	nter tl	his amount o				
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	mount	t in the to	tal on li	ne 41	on page 2	· 26		-13,472.	

Schedule E (Form 1040) 2023

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